# About Postpartum Depression and other Perinatal Mood Disorders

The entire period of pregnancy up to one year after delivery is described as the **perinatal** period. Many physical and emotional changes occur before and after giving birth. Most women experience mixed and often contradictory feelings, which gradually diminish as they settle into the new routines of motherhood.

Some women, however, experience sadness, anxiety, depression, frustration and other disturbing emotions. When these symptoms persist and a mood disorder develops, professional help is often necessary.

# What is a perinatal mood disorder?

Between 10 to 20 percent of women develop a mood disorder during the perinatal period. Initially, research and reporting focused on *postpartum depression* (PPD) associated with the period after pregnancy (thus **post**partum), but behavioral scientists have since learned that many of these disorders may occur during pregnancy (**ante**partum).

Mood disorders cause distress and adversely affect daily functioning and personal relationships. If left untreated they can have long-term adverse effects on the baby. Fortunately, effective treatment is readily available.

Symptoms range from mild to severe. Early diagnosis is important, so women need to know the signs and symptoms of perinatal mood disorders. Husbands, partners, friends and family members can help. Often, they recognize a problem even before the woman herself.

A perinatal mood disorder is not a sign of personal weakness or a character flaw. It does not mean a woman is incapable of being a good mother. Many brave women have come forward to share their experiences with PPD and other perinatal mood disorders to reduce the social stigma and encourage others to ask for help.

#### What Causes Perinatal Mood Disorders?

The exact causes are unknown. Here are some factors that may contribute:

- Changes in hormone levels
- A difficult pregnancy
- A difficult birth
- Medical problems (mother or baby)

- Lack of sleep
- Feeling alone
- Perceived loss of freedom
- Sudden changes in routines
- · Personal or family history of depression
- Prior experience with PPD or other perinatal mood disorders
- Life stressors such as illness or financial problems

#### Who is at Risk?

Perinatal mood disorders can affect any woman of any age, race, or economic background who:

- Is pregnant
- Has recently had a baby
- Has ended a pregnancy or miscarried
- Has stopped breastfeeding

# What Are the Symptoms?

Symptoms may appear during pregnancy up to one year after delivery. Common symptoms are:

- Trouble sleeping or sleeping too much
- Changes in appetite
- Feeling irritable, angry or nervous
- Feeling exhausted
- Not enjoying life as much as in the past
- Lack of interest in the baby
- Lack of interest in friends and family
- Lack of interest in sex
- Feeling guilty or worthless
- Feeling hopeless
- Crying uncontrollably
- Feelings of being a bad mother
- Trouble concentrating
- Low energy
- Thoughts of harming the baby or harming herself

Note that while most women experience a brief period of "baby blues" after having a baby, very few women experience extreme symptoms.

### **Screening for Postpartum Depression in New Jersey**

In New Jersey, between 11,000 and 16,000 women suffer from postpartum depression (PPD) each year. PPD is a perinatal mood disorder that affects one in eight women – usually within the first year after childbirth, miscarriage, or stillbirth.

On April 13, 2006, Governor Jon Corzine signed legislation (N.J.S.A. 26:2-175 et seq.) requiring that healthcare professionals educate and screen all new mothers for PPD. New Jersey was the first state in the country to enact such a law.

The purpose of the Act is to help mothers and their families take action against the effects of PPD through early identification and education. By informing new mothers about the symptoms and providing them with the services that are available in their community, families will be able to recognize symptoms of PPD and take immediate action to ensure appropriate and effective treatment for the mother.

Although the signs and severity of symptoms vary from person to person, several screening tools have been developed to detect this perinatal mood disorder. One widely accepted screening tool for PPD is **The Edinburgh Postnatal Depression Scale (EPDS)**, which has been developed to assist healthcare professionals in detecting mothers at risk for this condition, and many hospitals in New Jersey have elected to use this tool.

### Facts on the Edinburgh Scale:

- Developed in Scotland at health centers in Livingston and Edinburgh.
- Focuses on the mother's feelings during the past seven days.
- Consists of ten short statements, which mothers can complete without difficulty in less than five minutes.
- Has a maximum score of 30; a score of 10 or more may indicate possible depression of varying severity.
- Validation studies show that for mothers who scored above threshold,
   92.3% were likely to be suffering from a depressive illness of varying severity.
- Should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis.
- Will not detect mothers with anxiety neuroses, phobias or personality disorder.

#### At-A-Glance

- PPD affects 1 in 8 new mothers
- Since the creation of the Act, all birthing hospitals in New Jersey have a policy and procedure in place and all their OB patients are screened prior to discharge.
- The Edinburgh
  Postnatal Depression
  Scale is the widely
  accepted tool for
  screening new mothers
- A score of 10 or more on the Edinburgh scale may indicate possible depression
- The state's six Maternal Child Consortia provide education and support for the staff at New Jersey's hospitals who are responsible for screening the women
- The 24/7 Family
  Helpline has fielded
  more than 4,370 calls
  about PPD since the
  awareness campaign
  was launched in 2005.
- Traffic on the "Speak Up When You're Down" Web site, has exceeded 351,000 visits since its launch in 2005.

# **How to Get Help**

A variety of treatment options is available for women experiencing postpartum depression and other perinatal mood disorders. As with any medical condition, the best individual course of treatment can be determined through active, open dialogue with a qualified medical professional.

## **Support Groups**

Support groups are comprised of women experiencing similar problems, led by knowledgeable professionals and volunteers who listen with understanding and compassion. There are many support groups throughout New Jersey for women who have postpartum depression. Support groups and self-help groups can be effective for women with mild, moderate, or severe symptoms of PPD. A woman may join a support group in addition to getting help from a physician or other healthcare professional.

Speak Up When You're Down

24 hour confidential hotline: 1-800-328-3838

Information Website: www.njspeakup.gov

### **Psychotherapy**

Psychotherapy is another word for "talk therapy." Women in these treatment programs meet with mental health care specialists to talk about their depression, mood swings and other feelings caused by their postpartum depression. Therapists teach patients skills to manage their feelings and cope with their problems.

There are four main types of therapists:

- Psychiatrists
- Psychologists
- Advanced practice nurses
- Social workers

#### **Psychiatrists**

A psychiatrist is a physician who has completed additional preparation beyond medical school in a residency program. Usually this residency requires a minimum of four years and includes experience with children and adults. There is a voluntary national certification program – known as "board certification" -- for psychiatrists. Psychiatrists are able to prescribe medication.

#### **Psychologists**

Psychologists spend an average of seven years in graduate education, training, and research before receiving a doctoral degree (either Ph.D. or Psy.D.) in clinical psychology or health psychology. In addition, they spend one pre-doctoral and one post-doctoral year in a clinical internship in a hospital or organized health setting before becoming licensed to provide services to the public. Psychologists cannot prescribe medication.

# **Advanced Practice Nurses**

An advanced practice nurse is first educated as a registered professional nurse. He or she then receives additional graduate education in psychiatric mental health nursing at the masters or doctoral level, and is certified by the American Nurses' Association. In New Jersey, advanced practice nurses can prescribe medication.

#### **Social Workers**

A social worker has a masters or doctoral degree that includes supervised clinical courses. Social workers also have a voluntary certification process. Other titles for social workers include licensed clinical social worker (LCSW) and clinical social worker (CSW). Social workers cannot prescribe medication.

### **Selecting a Psychotherapist**

When help from a trained, licensed professional is needed, the patient-to-be should briefly interview the therapist by phone or face-to-face. The right match is important. A woman needs to feel comfortable with her therapist so that she can develop the open and trusting relationship needed for growth and progress.

Here are some suggested questions to guide the interview:

- Tell me about your experience with mothers who have had postpartum mood disorders.
- What type of license do you have?
- What are your credentials and/or certifications or licenses?

Be sure to discuss fees, insurance, and emergency care. Remember: mental health is an important investment in the future of the mother, her child, and her family.

#### Medication

A range of effective medications, such as antidepressants, can be prescribed to treat postpartum depression. As with any treatment, patients should discuss the benefits and risks of medication with their obstetrician/gynecologist (OB/GYN) or family physician.

# Frequently Asked Questions about Postpartum Depression and Other Perinatal Mood Disorders

For any woman who is experiencing a perinatal mood disorder (PMD), getting the right information is the first step to recovery.

# Q. What is a perinatal mood disorder (PMD)?

A. Between 10 to 20 percent of women develop a mood disorder during the perinatal period, which includes pregnancy up to one year after delivery. These mood disorders are characterized by feelings of anxiety, sadness, depression, panic, frustration, and confusion. They affect women of all ages and all racial, cultural and economic backgrounds. They range in severity from mild and transient to severe requiring treatment. Mood disorders cause significant personal distress and adversely affect daily functioning.

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## **Q** What causes PMDs?

**A.** The exact causes are unknown. However, rapid hormonal changes and life stressors are believed to play a part. Illness, isolation, financial problems, and poor partner support can create stress that negatively affects a woman's mental state. On the other hand, strong emotional, social and physical support, especially from family and friends, can play a major part in recovery.

#### Q. When should a doctor be consulted?

**A.** A woman should seek professional advice if she is at all concerned. She should not feel ashamed or fearful about talking to her healthcare provider. She can be assured that many women have similar experiences and that she is not to blame. Perinatal mood disorders are treatable. A range of medicines, talk therapies and support groups are effective and available. The type of treatment depends on the severity of the condition.

## Q. What are the symptoms of PMDs?

**A.** Symptoms vary. Common signs of depression associated with PMDs can include feeling overwhelmed, trouble sleeping or sleeping too much, changes in appetite, feeling hopeless, crying uncontrollably, feeling guilty or worthless, lack of interest in family and friends, lack of concentration, anxiety or irritability. In very rare cases (less than .2%), symptoms may include thoughts of harming the baby or oneself.

It is important to remember that when any of these symptoms persist, the sooner the mother gets treatment, the better the outcome.

# Q. What is postpartum depression (PPD)?

**A.** Postpartum depression, also called postnatal depression, is a perinatal mood disorder that affects about one in 8 women after giving birth (thus **post**partum). It is a form of depression that can occur up to one year after delivery. A new mother with PPD may experience any of the symptoms associated with PMDs.

Most new mothers (60 to 80 percent) experience at least a brief feeling of the *baby blues*, which involve feelings of sadness, anxiety, loneliness, or moodiness that normally go away within a couple of weeks.

If symptoms last longer, professional help is often necessary and a woman should see her healthcare provider.

# Q. How long will PPD last? Will it go away on its own?

**A.** Left untreated, PPD can persist for up to two years. Even at two years, some depressed women will not recover and continue with chronic symptoms. When adequately treated, most women respond well to treatment in two to four weeks and feel greatly improved and on the road to recovery in six to eight weeks from starting treatment.

# Q. Is PPD biological, psychological, or hormonal?

**A.** All three factors appear to be involved. Biologically, hormones seem to play a part in causing PPD. Sometimes women develop a thyroid problem after giving birth, or may have a family history of depression. Women with PPD may also suffer from a neurochemical imbalance, most often involving serotonin, a brain chemical involved in regulating mood and behavior. Social and psychological issues such as the infant-mother relationship, changes in the marriage, relationships with other family members and career and work may also play a role.

No matter what causes a particular woman's postpartum depression, treatment is effective and available, and she should not hesitate to seek help and speak to her healthcare provider.

## Q. How can family help?

**A.** Postpartum depression and other perinatal mood disorders affect the entire family. Family members may feel confused and worried about the mood and behavioral changes they see in the new or expectant mother. Often they recognize that a problem exists before the woman does. They can help her to identify the problem and encourage her to seek medical help. Family and friends can provide understanding, as well as emotional, social and physical support. They can provide childcare and take on daily responsibilities that reduce stress. Their support will help the woman recover.

# Q. What can a woman with PPD or another PMD do to cope?

- Talk openly about feelings with her spouse, family, friends, and healthcare provider.
- Ask for help with baby care from friends and family.
- Eat a healthy, nutritious diet.
- Exercise for more energy. Walking, which is a mild exercise, can help.
- Join a postpartum depression support group, such as Postpartum Support International (PSI), Postpartum Education for Parents, National Association for Mothers, or any of the 38 groups established throughout the state. Contact information is available at <a href="https://www.njspeakup.gov">www.njspeakup.gov</a> or by calling 1-800-328-3838.

There is no need to struggle alone. Many new mothers feel out of control, but with help they get back on track and feel good again.

# Q. What Help Is Available in New Jersey for PPD and other PMDs?

**A.** The New Jersey Department of Health and Senior Services (DHSS) offers a PPD helpline (1-800-328-3838) that operates 24 hours per day, seven days a week to provide resources and information to women and their families and friends. In addition, DHSS has a dedicated Web site (<a href="www.njspeakup.gov">www.njspeakup.gov</a>) that provides educational materials such as brochures, videos, books, support groups, FAQs, and other helpful Web sites on postpartum depression and other perinatal mood disorders.